



REINSTATEMENT FEE SUBMISSION

State Form 54479 (R2 / 9-13)
Approved by State Board of Accounts, 2013
INDIANA BUREAU OF MOTOR VEHICLES

Bureau of Motor Vehicles
PO Box 100
Winchester, IN 47394-0100

- INSTRUCTIONS:**
1. This form is used to pay required reinstatement fees by mail, but the individual does not possess the reinstatement fee payment coupon provided by the Indiana Bureau of Motor Vehicles (BMV).
 2. **The total reinstatement payment amount due must be included along with the payment coupon below.** Any other reinstatement fee payment amount must be made online at myBMV.com or by phone at **(888) 692-6841 (select option #3)**.
 3. Do not include other documents with this payment. If insurance documents are required by the BMV for reinstatement, they must be sent electronically by your insurance provider to the BMV.
 4. Reinstatement fees may be paid using check, money order, credit, or debit cards.
 5. Please make checks or money orders payable to the Bureau of Motor Vehicles.
 6. If your reinstatement fee payment is made via mail, send to the address above.
 7. If paying by MasterCard or Visa credit or debit card, please make sure your card and payment information is included below, and the coupon is signed by the cardholder.
 8. **Do NOT send cash.**
 9. To check the status of your driver record or credential, visit myBMV.com or call (888) 692-6841 (select option #2).

Detach and mail coupon with your payment to Bureau of Motor Vehicles, PO Box 100, Winchester, IN 47394-0100.

Reinstatement Fee Coupon

Printed Name of Individual Owing Fees <i>(first, middle, last)</i>		Date of Birth <i>(mm/dd/yyyy)</i>	Indiana Driver's License or ID Number	
Mailing Address <i>(number and street)</i>		City	State	ZIP Code
E-mail Address			Telephone Number <i>(area code + seven digits)</i>	
Payment Type <i>(Must include card information below.)</i>			Total Amount Submitted	
<input type="checkbox"/> Visa / MasterCard Credit / Debit Card <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order			\$ _____	
I hereby authorize the Indiana Bureau of Motor Vehicles to charge the amount below to the credit/debit card number indicated for reinstatement fee for the individual named above:				
Signature of Cardholder _____		Date <i>(mm/dd/yyyy)</i> _____		
Cardholder Name: _____		Expiration Date <i>(mm/dd/yyyy)</i> _____		Amount: \$ _____
Credit / Debit Card Number: _____		<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		